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Mapping Evidence on ASHAs' Contributions to Disaster Management in India: A Scoping Review

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Abstract

The Accredited Social Health Activist (ASHA) program is a cornerstone of India's public health system, providing community-based healthcare services at the grassroots level. This scoping review examines the role of ASHA workers in disaster management and identifies barriers affecting their participation. A systematic search of the literature published after 2005 was conducted using PubMed and Google Scholar. Studies focusing on outbreaks were excluded to maintain relevance to disaster contexts.

Findings indicate that ASHAs play a critical yet under-recognised role in disaster preparedness, response, and recovery. However, gaps exist in training, policy frameworks, and incentive structures. The review highlights the need for structured integration of ASHAs into disaster management systems through capacity building and policy support. Limited documentation of their contributions remains a key constraint.

Keywords: ASHA workers, disaster management, community health, first responders

Introduction

India's ASHA program is one of the largest community health worker initiatives globally, functioning under the National Health Mission (NHM). ASHAs are trained female community health volunteers who serve populations of approximately 1,000 individuals in rural areas. Their responsibilities include health promotion, service delivery, and community mobilisation.^(1,2)

With over 9 lakh ASHAs across India, they represent a critical link between communities and the healthcare system. Their proximity to communities positions them uniquely to contribute to disaster management, particularly in vulnerable and resource-limited settings. Despite this potential, their role in disaster contexts remains insufficiently explored and formally recognised.⁽³⁾

Methodology

This study adopts a scoping review methodology using secondary data from research articles, reports, and policy documents. Literature was retrieved from databases such as Google Scholar and PubMed using keywords related to ASHAs and disaster management.

Inclusion criteria:

- Studies focused on ASHA workers in India
- English-language publications with full access

Exclusion criteria:

- Studies on other frontline workers
- Non-English literature
- Outbreak-specific studies (e.g., COVID-19-only focus unless linked to disaster systems)

A total of 61 sources were reviewed, including research articles, reports, guidelines, and books. Limitations included restricted access to full-text articles and limited pre-COVID documentation.

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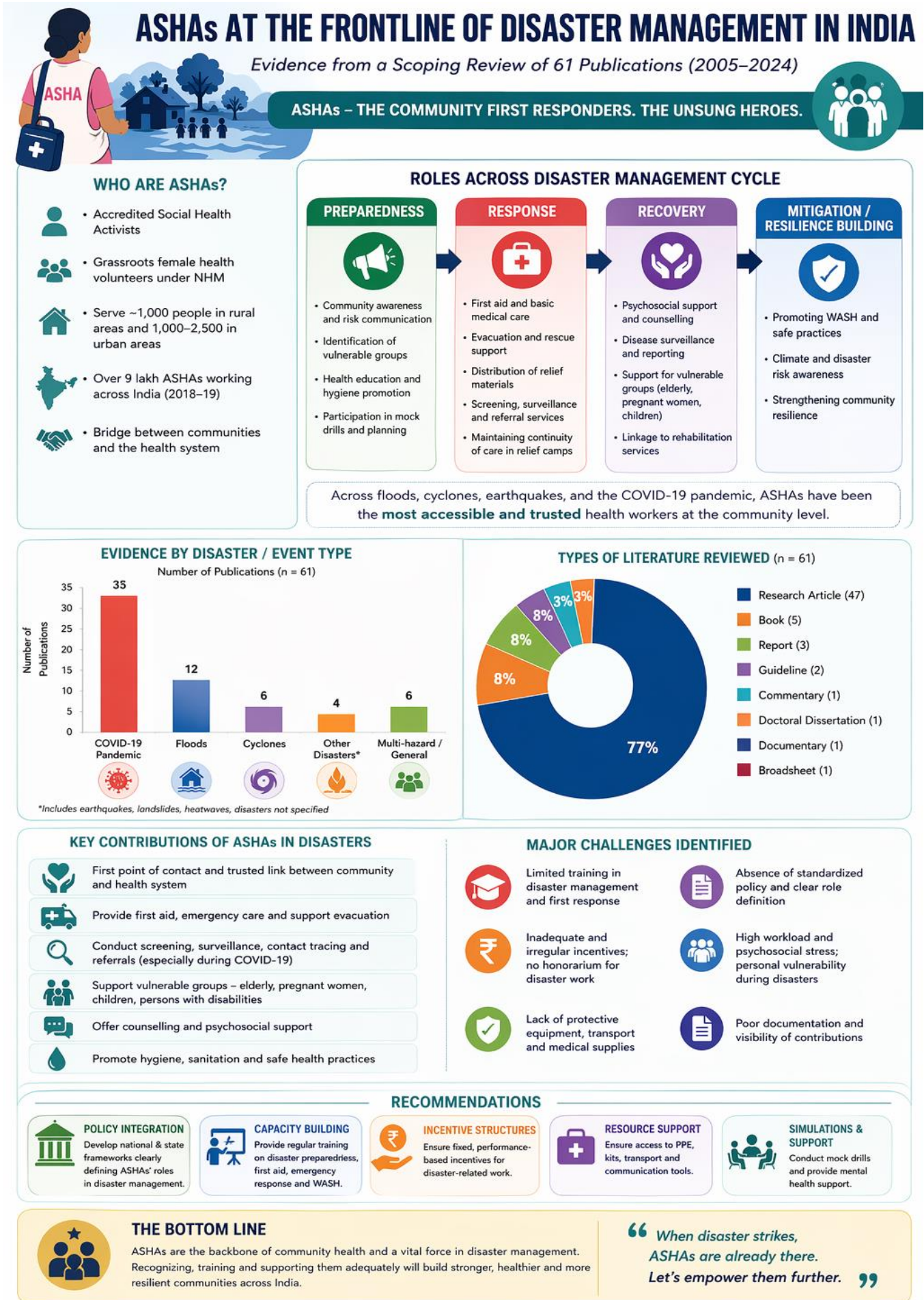


Fig 1: Infographic Poster of the Article

Findings and Discussion

1. Role of ASHAs in Disaster Management

Evidence suggests that ASHAs contribute significantly across disaster phases:

- **Preparedness:** Community awareness, hygiene promotion, and vulnerability identification
- **Response:** First aid, evacuation support, distribution of relief materials, and referral services
- **Recovery:** Psychosocial support, disease surveillance, and rehabilitation assistance

Case studies from the Uttarakhand floods (2013), the Kerala floods (2018), and the Odisha cyclones demonstrate ASHAs' active involvement in mobilising communities, managing health risks, and supporting relief operations. ASHAs also played crucial roles in relief camps, managing communicable diseases, and ensuring continuity of care for vulnerable populations such as pregnant women and chronically ill patients. ^(4,5,6,7,8)

2. ASHAs as Potential First Responders

Although not formally designated as first responders, ASHAs function in this capacity due to:

- Strong community trust
- Knowledge of local vulnerabilities
- Immediate accessibility

They assist in early warning dissemination, basic medical care, and coordination with health systems. With proper training, they could be formally integrated into first-response frameworks. ^(9,10,11,12)

Key Challenges Identified

- **Lack of Training:** Limited disaster-specific and emergency response training
- **Policy Gaps:** Absence of standardised national guidelines defining ASHAs' disaster roles
- **Inadequate Incentives:** Irregular or absent compensation for disaster-related work
- **Resource Constraints:** Lack of protective equipment, transport, and medical supplies
- **Psychosocial Burden:** Personal vulnerability during disasters affects willingness to respond

These barriers reduce efficiency and motivation despite high commitment levels among ASHAs.

System-Level Gaps

The review highlights systemic issues such as:

- Poor documentation of ASHAs' disaster contributions
- Fragmented training initiatives across states
- Limited integration into formal disaster management structures

Despite recognition in guidelines, operational clarity and implementation remain weak.

Conclusion and Recommendations

ASHAs represent an underutilised resource in India's disaster management system. Their grassroots presence and community trust make them indispensable for effective disaster response. However, their potential remains constrained by structural and policy gaps.

Key Recommendations:

1. **Policy Integration:** Develop national and state-level frameworks defining ASHAs' roles in disaster management
2. **Capacity Building:** Introduce standardised training modules on emergency response, first aid, and disaster preparedness
3. **Incentive Structures:** Establish fixed, performance-based incentives for disaster-related work
4. **Resource Support:** Provide access to transport, protective equipment, and medical supplies
5. **Mock Drills & Field Training:** Conduct regular simulations to enhance preparedness
6. **Psychosocial Support:** Strengthen mental health support systems for ASHAs

Aligning these efforts with global frameworks such as the Sendai Framework for Disaster Risk Reduction can enhance community resilience. In conclusion, formal recognition and systematic strengthening of ASHAs' role can significantly improve disaster preparedness and response in India, ensuring more resilient and community-centred health systems. ⁽¹³⁾

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